

NEVADA STATE DEPARTMENT OF AGRICULTURE

AERIAL / AG. GROUND CUSTOM PEST CONTROL BUSINESS LICENSE APPLICATION

Applicant: A. Individual: _____
B. Partnership: 1. _____ 2. _____
3. _____ 4. _____
C. Corporation: _____

Doing-Business As: _____

Business Address: _____ ZIP Code: _____ - _____

Nevada Mailing Address: _____ ZIP Code: _____ - _____

Out-of-State Mailing Address: _____ ZIP Code: _____ - _____

Federal Identification Number: _____

Business Telephone: (____) _____ FAX: (____) _____

E-Mail Address: _____

LICENSE CATEGORIES

A. AERIAL APPLIED FOR APPROVED

1. Insecticides ☐ ☐

2. Herbicides..... ☐ ☐

3. Desiccants & Defoliants... ☐ ☐

4. Fungicides & Bactericides. ☐ ☐

A. AG.GROUND APPLIED FOR APPROVED

1. Insecticides ☐ ☐

2. Herbicides..... ☐ ☐

3. Desiccants & Defoliants.... ☐ ☐

4. Fungicides & Bactericides... ☐ ☐

4. Rodenticides..... ☐ ☐

FEES

Business License Fee (Applicant)..... 1 x \$250.00 = \$250.00

EACH Principal and Operator..... (Number) x \$50.00 = \$ _____

\$ _____ TOTAL FEES (Double Check)

Number of Business Locations in Nevada: _____ (indicate total number of business locations in Nevada).

Address of Business Location #1: _____ Phone (____) _____

List Name(s) of Principal(s) Responsible for Business Location #1:

1. _____ 2. _____ 3. _____

AERIAL EQUIPMENT

Type or Make of Aircraft "N" Hopper or Tank Capacity Pressure (PSI)

APPLICANT'S SIGNATURE: _____ DATE: _____

Return this application to: Nevada Department of Agriculture, 2300 McLeod Street, Las Vegas, Nevada 89104-4314; Phone (702) 486-4690

FOR DEPARTMENTAL USE ONLY

Insurance Checked By: _____ Date: ____/____/____ License Approved By: _____ Date: ____/____/____

License Issued By: _____ Date: ____/____/____ Receipt Number: _____

Lic. Status: ☐ New, ☐ Renewal Permanent Lic. Number: _____ Departmental Number: _____

PRIMARY PRINCIPAL AND/OR PRINCIPAL INFORMATION☐ Primary Principal or ☐ Principal:

Name: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone (____) _____

Are You A Nevada Resident? ☐ Yes ☐ No

NV. Drivers License Number _____

FAA Licenses; Ratings: _____

Aircraft Pest Control Hours: _____

(Departmental Use Only, Lic.#: _____)

YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!☐ I am not subject to a court order for the support of a child.☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR☐ I am subject to a court order for the support of one or more children and am and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.

Applicant's Social Security number: _____ - _____ - _____

Date: _____

Signature of applicant: _____

Aerial				Agricultural Ground					Urban/Structural						
A1	A2	A3	A4	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	C6	C7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuing Education Unit Statement (NAC 555.372):

- ☐ I have acquired the minimum number of continuing education credits necessary to renew my Nevada pest control license, or I am a new licensee and am not subject to these requirements.
- ☐ I have not acquired the minimum number of continuing education credits necessary to renew my Nevada pest control license, and understand that my license will not be renewed until I comply with Nevada's continuing education requirements. I further understand that I will be unable to perform pest control in Nevada until I comply and my license is approved.
- ☐ I do not intend to renew my Nevada Pest Control License.

Signature of applicant: _____ Date: _____

OPERATOR LICENSING INFORMATION

Name: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone (____) _____

FAA Licenses; Ratings: _____

Aircraft Pest Control Hours: _____

(Departmental Use Only, Lic.#: _____)

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